

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME **ConocoPhillips**  
 ADDRESS **520 East "D" Street  
 Tacoma, WA 98421**

COUNTY **Pierce**  
 FACILITY **Tacoma Terminal North**  
 LOCATION **516 East "D" Street**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

(2-16) <b>WA0000728</b>	(17-19) <b>001</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**Submit Monthly**

Form Approved.  
 OMB No. 2040-0004

**NOTE: Read instructions before completing this form.**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	Report	Report	gpd				N/A	Cont	Measured
Oil & Grease	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						no visible sheen	0=No 1=Yes	0	Daily
Oil & Grease	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					10	15	mg/L	0	Monthly
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0	s.u.	0	Daily
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0	s.u.	0	Monthly
Total Suspended Solids	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					30	45	mg/L	0	Monthly
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)			TELEPHONE			DATE		
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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(2-16)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BTEX	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					N/A	100	µg/L	0	Monthly	Grab
Benzene	SAMPLE MEASUREMENT										
						N/A	71	µg/L	0	Monthly	Grab
TPH – Gx	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					N/A	1.0	mg/L	0	Monthly	Grab
TPH - Dx	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					N/A	10.0	mg/L	0	Monthly	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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